PTOISBOS (12-04)
Approved for use through 7/31/2005, OMB 0651-0032
ademark Office; U.S. DEPARTMENT OF COMMERCE U.S. Petent and Tred

ork Reduction Act of 1895, no persons are require OVE & WEST DIALE OF PATENT APPLICATION FEE DETERMINATION RECORD 720 0-60 Substitute for Form PTO-675 OTHER THAN APPLICATION AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Cotumn 1) NUMBER FLED NUMBER EXTRA FEE (1) RATE (\$) FEE (S) FOR RATE (5) BASIC FEE NIA NIA (37 CFR 1.16(a), (b), or (c)) SEARCH FEE NA N/A NA NA (37 CFR 1.96(k), 6), or (ml) EXAMINATION FEE (17 CFR 1.16(a), (p), or (q)) NA N/A N/A N/A TOTAL CLAMS OR crimus 20 · (37 CFR 1.16(1)) INDEPENDENT CLAIMS x . minus 3 · (37 CFR 1.16(N)) If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See FEE (37 CFR 1.16(4)) 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160)) NUA N/A TOTAL If the officence in column 1 is less than zero, enter 'V' in column 2. APPLICATION AS AMENDED - PART II OTHER THAN OR 191 (Cotumn 3) SMALL ENTITY SMALL ENTITY (Column 1) CLAIMS HIGHEST REMAINING AFTER NUMBER PREVIOUSLY PRESENT RATE (\$) ADOI-RATE (S) ADO1 TIONAL FEE (S) TIONAL FEE (5) MENDMENT PAID FOR Total propris 60. 20 0 OR 200 4 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(2)) OR N/A N/A TOTAL ADO'L FEE TOTAL ADO'L FEE OR (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS REMAINING PRESENT ADDI-TIONAL RATE (\$) ADOI-TIONAL RATE (5) AFTER AMENDMENT PREVIOUSLY PAID FOR EXTRA ENT FEE (\$) FEE (S) 20 Total (ar cere l.vep)) OR ENDM Minus independent gar care suspep OR. Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAM (37 CFR 1.180)) OR NEA NA TOTAL TOTAL ADD'L FEE ΩR ADO'L FEE

* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or return a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the instituted case. Any comments on the amount of time your require to complete this form antitor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commercia, P.O. Box 1450, Alexandria, VA 22313-1450, Department of Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, cell 1-800-PTO-9199 and select option 2